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CONFIRMATION NO. 7102

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/820,083	<b>FILING OR 371(c) DATE</b> 04/06/2004 <b>RULE</b>	<b>CLASS</b> 454	<b>GROUP ART UNIT</b> 3749	<b>ATTORNEY DOCKET NO.</b> 11009.14USU1
<b>APPLICANTS</b> William R. Schmid, Plymouth, MN; Dean W. Hacker, Fridley, MN; Eric J. Krause, Big Lake, MN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/461,306 04/08/2003 and claims benefit of 60/539,360 01/27/2004				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 06/23/2004</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 23
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 6		
<b>ADDRESS</b> HAMRE, SCHUMANN, MUELLER & LARSON P C P O BOX 2902-0902 MINNEAPOLIS ,MN 55402				
<b>TITLE</b> Systems for delivering conditioned air to personal breathing zones				
<b>FILING FEE RECEIVED</b> 606	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	